

CPO Approval: _____



JUVENILE COURT
FAMILIES FIRST PROGRAM
Intensive In-Home Family Services Referral Form

Official Use Only
Assigned Worker: _____ Family Number: _____
Date Case Assigned: _____ Start Date: _____

Referring Probation Worker: _____ Date: _____
Probation Office: _____ Phone: _____
Address to Send Reports: _____
Email Address: _____
Court Status: _____ Language Preference: _____ School: _____

Referred Youth: _____ Juvenile Court Number: _____
Address: _____ City: _____
Zip Code: _____ Home Phone: _____ Date of Birth: _____
Age: _____ Sex: []M []F Other Programs Youth Involved in: _____

(Please check [] if person is living at home.)

[] Mother: _____ Date of Birth: _____
[] Father: _____ Date of Birth: _____
[] Step Parent/Guardian: _____ Date of Birth: _____
Parent/Guardian Work/Cell Phone(s): _____

List all children in home by age.

Name: _____ Age: _____ Date of Birth: _____
Name: _____ Age: _____ Date of Birth: _____
Name: _____ Age: _____ Date of Birth: _____
Name: _____ Age: _____ Date of Birth: _____
Name: _____ Age: _____ Date of Birth: _____

Other people in home:

Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____

Probation Officer explained the Families First program to the parent/guardian previous to submitting this referral and the parents understand that the Families First service is a minimum of six weeks and eight hours per week in the family's home. []Yes []No

Family Schedule:

Work: []Mon. _____ []Tues. _____ []Wed. _____ []Thur. _____
[]Fri. _____ []Sat. _____ []Sun. _____

Planned Vacation: _____

Where is the child at the time of this referral? _____

If the youth is not in the home, can he/she be returned home within 7 days? Yes No

Please explain: _____

Problem Checklist: (Please check [T] any of the following problems that you think the family/ youth is experiencing. Also, please identify persons involved and provide a description regarding the degree of the problem in the space below.)

Continuing Problems - Family

Contributing Problems – Target Youth

- AB Abuse/exploitation by non-family member
- DA Parent drug/alcohol problem
- EA Emotional abuse by a parent
- FV Family violence
- IL Parent handicap/illness
- IR Inadequate physical resources

- NG Neglect
- PA Physical abuse by parent
- PC Parent-Child conflict
- RS Parent too restrictive/protective
- SA Sexual abuse by parent
- UE Parent unemployment

- AA Alcohol abuse
- BP Behavior problems/delinquent
- CC Custody change
- DP Depressed
- DR Drug abuse
- HH Health problem/handicap
- LD Learning disability

- MI Mental/emotional illness
- MR MR/DD
- PG Pregnancy/unwed
- RW Runaway
- SP Suicide potential
- SX Sexual acting out
- TR Truancy

Please Explain: _____

What do you expect the Families First Specialist to accomplish? _____

Please put PRA information here: (CARE Dynamic Items & Case Plan)

Please Fax to: Utah Youth Village c/o Wayne Arner (866) 546-3865 (FF Dep.) (801) 272-9976 (Village)	Mailing Address:	Utah Youth Village 5800 Highland Dr. Salt Lake City, Utah 84121 (801) 272-9980
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